

# Core brief

## Daily update

(6 March 2025, 11.20am)

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## 2015 Remedy: Member update

**Revised Delivery Timetable: issued 27 February 2025**



This is an important update for members of the NHS Pension Scheme including active (in work) and retired members.

### Delivery Position

The Scottish Public Pensions Agency (SPPA) has this week set out a revised delivery timetable for the 2015 Remedy. This means that not all members will be provided with a remedy choice by the end of March 2025.

The work to deliver Remedy is hugely complex and all public service scheme managers across the UK are facing similar challenges, with most having already revised their delivery timescales accordingly.

Our annual workload has increased fivefold as we work to deliver remedy and ensure we continue to pay pensions to retired public sector workers.

It is disappointing to have to revise our timeframe but it is important that this is realistic and achievable.

### Why has this changed?

We have been continually clarifying complex regulations which has required repeated engagement with government bodies and resulted in us having to change specifications multiple times.

We have also been introducing innovative new approaches not seen in many other parts of the public sector in Scotland such as automation, which will make the process faster and more efficient in the longer term.

Building an automated solution has taken us longer in the pre-delivery phase with final requirements meaning multiple development phases of the solution, but will pay dividends once we move into delivery. Not every case is suitable for automation, and some will still need to be manually administered. These cases will take longer to complete and we have taken this into account in our revised delivery timeline.

However, once we start producing RSS through the automated process, we will have a much better idea of how many we will have to process manually. This may impact on our delivery projections meaning we can deliver more quickly or give more accurate estimates of final delivery dates as we go through the process.

### **What does this mean for you?**

To provide clarity and certainty, the SPPA website has been updated with information about the new timescales and you can find information relating to your scheme by visiting the Remedy Hub: <https://pensions.gov.scot/nhs/nhs-remedy-hub>

### **Staying informed**

We will be issuing newsletters for all retired and active members in March to provide the latest information.

If you are retired, you can also sign up to receive our monthly updates which will be issued directly to you by email: <https://pensions.gov.scot/nhs/nhs-remedy-hub/nhs-remedy-im-retired> see the section, 'When we'll contact you'.

### **Reporting an Incident of Violence and Aggression**

The accurate reporting of incidents, including near misses is an essential component in how NHSGGC manages the risk of violence and aggression to our staff and others. All incidents of violence and aggression, including those without perceived malicious intent, must be reported using NHSGGCs internal reporting system (DATIX).

### **Datix reporting**

**Situation/brief summary of incident:** give a clear and concise summary and stick to the facts, avoiding speculation or assumptions. Avoid expressing personal

opinions or feelings. Include what you witnessed first-hand, and avoid being subjective. Do not record any identifying information such as name, unit number or date of birth in this field.

**DATIX Category:** Violence and Aggression should be used, including to report incidents without any perceived malicious intent (e.g. the incident occurred due to patient distress, confusion, learning disability, mental health, clinical condition).

**Police Involvement:**

Where threat is imminent or immediate Call 999.

All staff retain the right to report incidents of violence and aggression towards them to Police Scotland. Choosing to report to Police Scotland is the decision of the affected individual and they should not be persuaded or dissuaded by other colleagues or managers. Reports can be made to Police Scotland by calling 101.

Patients subject to legislation such as Adults with Incapacity (Scotland) Act 2000, Mental Health (Care and Treatment) (Scotland) Act 2003 or those with cognitive impairment, learning disability etc. are not excluded from being reported to Police Scotland. However, these circumstances and factors may have an impact on subsequent actions taken by Police Scotland or Procurator Fiscal.

**Post-Incident Considerations:**

Post-incident support should be available from line managers in the first instance, including signposting to relevant services such as Occupational Health, Police Scotland, and external victim support services.

Post -incident investigation and clinical review should be undertaken where appropriate. Relevant risk assessments should be reviewed and updated to ensure they remain suitable and sufficient. The [Post-Incident Checklist](#) should be used, and the incident debriefed at service level.

**Additional Resources:**

- [Help with Incidents](#)
- [Violence Reduction Service \(Health & Safety\)](#)
- [GGC-Safe Care Team Mental Health - Home](#)

**Action on sexual harassment and gender inequality as we mark International Women's Day**

International Women's Day (IWD) 2025 is on 8 March, and the theme this year is Accelerate Action. Here at NHSGGC, where 80% of our 40,000+ staff are women, we're committed to celebrating the diversity and achievements of all women. We

also recognise the ongoing reality of gender inequality in the workplace and its link to violence against women.

Through our Cut It Out programme, we make clear our zero tolerance approach to sexual harassment and all kinds of abuse. NHSGGC wants to build confidence in those who have seen or experienced any kind of harassment to be able to recognise and to report it. We are also working with Close the Gap as we aim to achieve accreditation status with the Equally Safe at Work (ESaW) programme. This will support NHSGGC in our progress to continue embedding a strong culture of gender equality within our organisation.

Read more about Cut It Out and ESaW, and how you can help, [here](#).

## **How to support colleagues during Lent**

**Fasting:** The practice of fasting varies amongst traditions, but there are certain Christian traditions where people will fast food and water during the day. It is always best to take a person-centred approach and proactive approach with colleagues observing Lent. Take the time out to discuss ways you may be able to support them. People may want to change their shift patterns or working hours so consider flexible start and finish times.

**Wind-downs:** Asking a Christian colleague who is fasting during Lent to attend a lunch meeting or a Friday social (even if it is online) can demand a lot from them. It is best practice to be proactive in your communication and find out what support your colleagues may need so that they are not made to feel uncomfortable during their fast.

**Time off:** People may want to take time off to attend services during Lent, in which case you should do your best to accommodate your staff that wish to do so.

Lent is a time for Christians to focus on the positive side of their faith, and a time to reset. Observing Lent can benefit one's spiritual, mental, and physical well-being. Some of these benefits include spiritual growth and relationships with others.

\*\*\*Staff are reminded to make sure their [personal contact details are up to date on eESS](#).\*\*\*

**It is important to share Core Brief with colleagues who do not have access to a computer.  
A full archive of printable PDFs are available on [website](#)**